

## Ahileja cīpslas pilnīga plīsuma vērtējums (ATRS)

**Visi jautājumi attiecas uz Jūsu ierobežojumiem/grūtībām,  
kas saistīti ar traumēto Ahileja cīpslu.**

**Atzīmējiet ar X lodziņu, kas vislabāk atbilst Jūsu ierobežojuma līmenim!**

1. Vai Jūs ierobežo samazināts spēks ikra muskulī / ahileja cīpslā / pēdā?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

2. Vai Jūs ierobežo nogurums ikra muskulī / ahileja cīpslā / pēdā?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

3. Vai Jūs ierobežo stīvums ikra muskulī / ahileja cīpslā / pēdā?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

4. Vai Jūs ierobežo sāpes ikra muskulī / ahileja cīpslā / pēdā?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

5. Vai izjūtat ierobežojumus veicot ikdienas aktivitātes?

|                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                   |        |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------|
| ļoti<br>ierobežotas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežotas | Punkti |
|                     | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                   |        |

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6. Vai Jūs ierobežo pārvietošanās pa nelīdzenu virsmu?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

7. Vai izjūtat ierobežojumus strauji pārvietojoties augšup (piemēram, pa kāpnēm)?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

8. Vai izjūtat ierobežojumus veicot aktivitātes, kas ietver skriešanu?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

9. Vai izjūtat ierobežojumus veicot aktivitātes, kas ietver lēkšanu?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |

10. Vai izjūtat ierobežojumus veicot smagu fizisku darbu?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                |        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------|
| ļoti<br>ierobežo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | neiero<br>bežo | Punkti |
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                |        |